



K A N S A S

DEPARTMENT OF HEALTH AND ENVIRONMENT

PERMIT APPLICATION FOR A SOLID WASTE TRANSFER STATION

1. Applicant's Name Midwest Medical Waste, Inc
Address 1514 Given Rd, Manhattan, KS 66503
(Street or Rural Route) (City & State) (Zip)
Person to contact David Kriller Title President
Phone 785-537-1222 Fax 539-6334 E-mail (optional) David.Kriller@MediWasteDisposal.com
2. Applicant Type Medical Waste Transfer Station
State Agency Private Individual or Firm ☒ County City Township
If other - explain (See Attached operating Plan)
3. Site Address 120 Deep Creek Rd, Manhattan, KS 66502
(Street Number, Road, Highway) (City)
4. Site Location
County X, 1/4 Section , Section , Township , Range
5. Is this facility consistent with an officially adopted county solid waste management plan?
Yes No If yes, identify that plan
6. Site Area (acres) N/A
Area to be used by processing facility (acres) NO
Area to be used for storage (acres) 240 sq ft max
7. This application restricts the site by the following definitions:

"Solid waste processing facility" means incinerator, composting facility, household hazardous waste facility, waste-to-energy facility, transfer station, reclamation facility or any other location where solid wastes are consolidated, temporarily stored, salvaged or otherwise processed prior to being transported to a final disposal site. This term does not include a scrap material recycling and processing facility.

"Transfer station" means any facility where solid wastes are transferred from one vehicle to another or where solid wastes are stored and consolidated before being transported elsewhere, but shall not include a collection box provided for public use as part of a county-operated solid waste management system if the box is not equipped with compaction mechanisms or has a volume smaller than 20 cubic yards.

8. Attach a copy of the "Site Plan".

Site Plan:

The following maps must be used and included as part of a site plan:

- a. A **site location** map showing section, township, range, and site boundaries. A description of adjacent properties including land use, names and addresses of property owners. If proposed site is adjacent to a public road or street include property across the street or road.
 - b. A **site layout drawing** showing the size and location of all pertinent constructed and natural features of the site including roads, fire lanes, ditches, berms, culverts, structures, wetlands, floodways, surface waters and projected site utilization including all site structures (such as buildings, fences, gates, entrances and exits, parking areas, on-site roadways, and signs) and the location of all water supplies.
 - c. A **FEMA floodplain map** with the site location drawn on it.
 - d. A **facilities layout drawing** which shows the arrangement of equipment on the site, storage facilities, traffic flow, and waste storage areas.
9. Is the site an existing transfer station? NO Is the site a proposed new transfer station? _____
10. Site owned by applicant _____ Site leased by applicant X

If site is leased, please fill in the following information:

Owner of Record Boyer Construction

Address 120 Deep Creek Rd City Manhattan State KS Zip 66502

Lease negotiated in (year) month to month

Number of years remaining on lease N/A Include copy of lease.

11. Refuse from transfer station is to be disposed at the N/A sanitary landfill. Permit number N/A.
12. Land use permitted under official land use plan within one mile radius (if there is a land use map please attach). (If land is not zoned, use "0"; if land use agrees with zoning, mark "Z"; if land use and zoning do not agree mark "V")

	South	West	North	East
a. Residential	<u>—</u>	<u>—</u>	<u>—</u>	<u>—</u>
b. Commercial	<u>—</u>	<u>—</u>	<u>—</u>	<u>—</u>
c. Light Industrial	<u>—</u>	<u>—</u>	<u>—</u>	<u>—</u>

- d. Heavy Industrial D3 _____
 e. Rural _____
 f. Mixed _____

13. Access roads serving site

- a. City _____ d. State _____
 b. Township _____ e. Interstate _____
 c. County X _____ f. Other (explain) _____

14. Types of road surface serving the site (indicate whether on or off site)

- a. Concrete _____ e. Gravel X Limestone Ledge
 b. Asphalt _____ f. Crushed Stone _____
 c. Seal Coat _____ g. Dirt _____
 d. Soil Cement _____ h. Other _____

15. Provide a site operations plan as per requirements of K.A.R. 28-29-23a

16. Utilities (state whether on-site or nearby)

- a. Water (describe) N/A
 b. Electricity _____
 c. Telephone _____
 d. Sanitary Sewers _____
 e. Non-Overflowing Waste Stabilization Pond _____
 f. Privies _____

17. Hours of Operation
 (An employee must be present at this site during these hours of operation)

DAY	MON	TUE	WED	THU	FRI	SAT	SUN
HOURS	8-5	8-5	8-5	8-5	8-5		

18. Attach a copy of "Certificate of Insurance" for proof of liability of insurance in accordance with KAR 28-29-2201. The coverage shall include coverage of the premises and operations, including operations of independent contractors.

19. Service Areas

- a. Processing facility to serve: N/A
 City _____ Township _____ County _____ Business _____ Others _____
 b. Will site be open to the general public? Yes _____ No X

- c. Population data:
1. Population served by processing facility: Now N/A Next 10 Years _____
 2. Total area population: Now _____ Next 10 years _____
20. Estimated Number of Loads Daily (estimate quantities in tons or cubic yards)
- a. Number of loads daily N/A *6000 lbs per month to start with a max of 6,000 lbs to be stored*
 - b. Quantity Tons N/A Cubic Yards N/A
21. Attach a copy of the "Closure Plan" as required by KSA 65-3406.
- The closure plan shall include:
- a. When or under what circumstances the site will be closed;
 - b. How will the site be properly closed;
 - c. A schedule for the applicable closure procedures, including the time period for completing the closure procedures; and
26. Attach the completed closure cost estimating worksheet "Closure Cost Estimate Worksheet for Transfer Station" provided by KDHE.
27. Private entities are required to submit a financial assurance instrument for the amount calculated on the closure cost estimating worksheet. Allowable financial assurance methods are listed in K.A.R. 28-29-2101. This financial assurance instrument must be received prior to the beginning of the public notice period.
28. Attach the completed "DISCLOSURE STATEMENT" provided by KDHE.
29. Three copies each of the completed application and attachments are required; however only one copy should be submitted for the department's initial review.
30. Comments:
- _____
- _____
- _____
31. Application fee of \$1000. "A city, county, or other political subdivision or state agency shall be exempt from payment of the fee but shall meet all other provisions." (K.S.A. 65-3407(e)).

Permit Fee Enclosed yes Performance Bond Posted (if required by local agency) _____

[Signature]
Signature of Applicant

David Kelle
Name (Print or Type)

President
Title

Midwest Medical Waste Inc
Organization

1/14/14
Date

MSW TRANSFER STATION CERTIFICATION

Applicant's Name Midwest Medical Waste, Inc.

As specified in K.S.A. 65-3407 Permits to construct, alter or operate solid waste processing facilities and solid waste disposal areas, the secretary shall require the following information as part of this application:

Solid Waste Management Plan Consistency

- (1) Certification by the board of county commissioners or the mayor of a designated city responsible for the development and adoption of the solid waste management plan for the location where the processing facility or disposal area is or will be located that the processing facility or disposal area is consistent with the plan. This certification shall not apply to a solid waste disposal area for disposal of only solid waste produced on site from manufacturing and industrial processes or from on-site construction or demolition activities.

- ☒ The Facility Or Disposal Area Is Consistent With Solid Waste Management Plan
☐ The Facility Or Disposal Area Is Not Consistent With Solid Waste Management Plan

Name (Print or Type) Robert L. Bader Signature [Signature]
Title Chairman Date 13 Jan 2014
County or City Riley County Street Address 145 N 4th City, Zip Code Manhattan KS 66502

Zoning or Land Use Consistency

- (2) If the location is zoned, certification by the local planning and zoning authority that the processing facility or disposal area is consistent with local land use restrictions or, if the location is not zoned, certification from the board of county commissioners that the processing facility or disposal area is compatible with surrounding land use.

Zoned

- ☒ The Facility Or Disposal Area Is Consistent With Local Land Use Restrictions Or Zoning
☐ The Facility Or Disposal Area Is Not Consistent With Local Land Use Restrictions Or Zoning

Not Zoned

- ☐ The Facility Or Disposal Area Is Compatible With Surrounding Land Use
☐ The Facility Or Disposal Area Is Not Compatible With Surrounding Land Use

Name (Print or Type) Monty R. Uddel Signature [Signature]
Title Director Date 1-13-14
Agency or County Riley County Planning & Development Street Address 110 Courthouse Plaza City, Zip Code Manhattan, KS 66502

If a special use permit is required, please attach a copy to this application.